

030904



22764 U.S. PTO

UTILITY PATENT APPLICATION TRANSMITTAL

(for nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.

MDFX.

Express Mail No.

EV 369938435 US

22856 U.S. PTO

107796759



030904

TO: Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Inventor(s): Scott A. Tufts; Jesus Flores; Manuel Guzman

Title: LIQUID APPLICATOR FOR COLORING A LIQUID

PLEASE ASSOCIATE APPLICATION WITH
CUSTOMER NO. 05251

Enclosed are:

<input type="checkbox"/>	Non-Publication Request Under 35 U.S.C. § 122(b)(2)(B)(i)
25	pages of specification including abstract
2	sheet(s) of drawings
<input checked="" type="checkbox"/>	an assignment of the invention to: Medi-Flex Hospital Products, Inc. Reel/Frame: 013876/0320 Recorded 03/14/2003
<input checked="" type="checkbox"/>	Declaration of Inventor(s): <input type="checkbox"/> Newly executed <input checked="" type="checkbox"/> Copied from a prior application (for contin/div)
<input checked="" type="checkbox"/>	Incorporation by Reference: the entire disclosure of the prior application, from which the copy or copies of the oath or declaration is supplied, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
X	Small entity status is claimed.
	Small entity status was requested in prior application; status still proper and desired.
<input type="checkbox"/>	Information Disclosure Statement/PTO-1449/Copies of IDS citations.
<input type="checkbox"/>	Benefit is claimed under 35 U.S.C. 119(e) of U.S. Provisional Application No.

If a Continuing Application: Check appropriate box, and supply the requisite information below:

<input checked="" type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-Part (CIP)	of prior application no. 10/388,826
Prior application information:		Examiner: David J. Walczak	Group Art Unit: 3751

CLAIMS AS FILED

	NUMBER FILED	NUMBER EXTRA	RATE	FEE
BASIC FEE			\$ 770	\$ 770
TOTAL CLAIMS	16 - 20 =	0	X \$ 18	\$
INDEPENDENT CLAIMS	2 - 3 =	0	X \$ 86	\$
MULTIPLE DEPENDENT CLAIM PRESENT			\$ 290	\$
* Number extra must be zero or larger			TOTAL	\$ 770
	If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.		SMALL ENTITY TOTAL	\$ 385
<input type="checkbox"/> Assignment recordal fee enclosed				\$ 385
			TOTAL DUE	\$
<input checked="" type="checkbox"/>	A check in the amount of \$ 385 to cover the filing fee and assignment recordal is enclosed.			
<input checked="" type="checkbox"/>	Commissioner is hereby authorized to charge/credit Deposit Acct. No. 19-2112 as described below. Enclosed is a duplicate of this sheet.			
<input type="checkbox"/>	Charge the amount of \$ as filing fee.			
<input checked="" type="checkbox"/>	Credit any overpayment.			
<input checked="" type="checkbox"/>	Charge any additional filing fees required under 37 CFR 1.16 and 1.17.			

Jean M. Dickman
Signature

3/9/04
Date

Name: Jean M. Dickman, Reg. No.: 48,538